

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO 470)

EXAMINEE NO.

APPLICANT NO.

FILING DATE

10/28/98

CLAIMS

	AS FILED		AFTER IN AMENDMENT		AFTER IN AMENDMENT	
	NO.	OFF.	NO.	OFF.	NO.	OFF.
1	1		1			
2	1		1			
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TOTAL	2	1	2	1		
TOTAL	4		3			
TOTAL	6		5			

	NO.	OFF.	NO.	OFF.	NO.	OFF.
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Best Available Copy